

## **Public Protection Cabinet Department of Housing, Buildings and Construction DIVISION OF PLUMBING Boiler Inspection Section**

101 Sea Hero Road, Suite 100 Frankfort, Kentucky 40601-5412 (502) 573-1708 Fax (502) 573-1058



## **INDEPENDENT INSPECTION AGENCY LICENSE APPLICATION**

Please type or print application. Answer all questions on this application. An application fee of \$1,000 or a nonrefundable renewal fee of \$500 payable to Kentucky State Treasurer shall be submitted with this application.

(Note: If the initial application is denied, the Department shall refund only \$500 of the application fee)

1. Name of Agency:					
Address:	(Carred De	D. N.	L)		
	(Street, Rot	ute or Box Num	ber)		
City:	State:	Zip:	County:		
Name of Primary Contact:		Title:			
E-Mail Address:		Telephone: ( )			
List each owner's piping inspec	tor employed by the appli	cant agency:			
<u>Name</u>			Owner's Piping l	Inspector License #	
**(This list shall be updated	and provided to the Boiler	Inspection Sec	tion within thirty (30) c	days of a change)**	
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**( <i>This list shall be updated</i> applicant's Signature:	and provided to the Boiler	Inspection Sec	tion within thirty (30) c	days of a change)**	
**(This list shall be updated applicant's Signature:  For Office Use Only	and provided to the Boiler	Inspection Sec	tion within thirty (30) c	days of a change)**	
**( <i>This list shall be updated</i> applicant's Signature:	and provided to the Boiler	Inspection Sec	tion within thirty (30) c	days of a change)**	
**(This list shall be updated  Applicant's Signature:  For Office Use Only  Date Received Date Approved Check/Pmt #	and provided to the Boiler	Inspection Sec	tion within thirty (30) c	days of a change)**	
**(This list shall be updated  Applicant's Signature:  For Office Use Only  Date Received Date Approved	and provided to the Boiler	Inspection Sec	tion within thirty (30) c	days of a change)**	

